

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	JL		3/3
FORMALITY REVIEW	AS	943	3-13-1
RESPONSE FORMALITY REVIEW	CH	825	8/30/01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	2	
2	✓	3	
3	✓	4	
4	✓	5	
5	✓	6	
6	✓	7	
7	✓	8	
8	✓	9	
9	✓	10	
10	✓	11	
11	✓	12	
12	✓	13	
13	✓	14	
14	✓	15	
15	✓	16	
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18	✓	19	
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37	✓	38	
38	✓	39	
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42	✓	43	
43	✓	44	
44	✓	45	
45	✓	46	
46	✓	47	
47	✓	48	
48	✓	49	
49	✓	50	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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TCSS  
08/3/01